

Nebraska Board of Alcohol and Drug Counseling Newsletter

Volume 1

October 2008

*Welcome to the first issue of the
Board of Alcohol and Drug Counseling
Newsletter!*

In this issue are articles on issues facing Nebraska's Alcohol and Drug Counselors and information about the Board, who the members are and the functions of the Board.

This newsletter is published as part of the Board's efforts to reach out to licensees to keep them informed about issues affecting the practice in the State of Nebraska.

You may download additional copies at
<http://www.dhhs.ne.gov/crl/mhcs/adcc/adcc.htm>

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Treatment Issues in Substance Abuse/Chemical Dependency Counseling

By Kathryn Schinker

"People are uniquely different" certainly fits individuals dealing with substance abuse in their lives. Families of origin, personal experiences, age of first exposure to substances, and physical tolerance, are just a few of the issues counselors face as they work with clients.

There are many other treatment issues and this article is intended to highlight three more: substance abuse and brain injury or other cognitive impairment, older persons with substance abuse, and domestic violence.

Substance Abuse and Brain Injuries

Determine a person's unique communication and learning style.

- How well does he/she read and write; is he/she able to comprehend both verbal and written language?
- Is there a problem with attention span?
- Is person able to learn? Consult with another professional to determine optimum approaches.

Assist the individual to compensate for a unique learning style.

- Make written material concise and to the point.
- Use concrete examples, use visual aids, or in other words, present an idea in more than one way.
- Encourage individual to take notes, use a calendar or planner. If a daily schedule is used, make sure a "pocket version" is available.
- May need to allow individual more time to complete assignments.
- Do not take for granted that something learned in one situation will be generalized to another.

Provide direct feedback regarding inappropriate behaviors.

- Let the individual know that a behavior is inappropriate. Do not assume he/she knows and is choosing to act inappropriately.
- Provide direct and straightforward feedback about when/where behaviors are appropriate.
- In a group setting, use a predetermined method of signals to redirect excessive speech.

Aging and Substance Abuse

Older adults are particularly vulnerable to the mental and physical effects of substances, because of the changes that happen in our minds and bodies as we age. Negative health consequences are sometimes seen in older adults at a level of alcohol or drug use that would be considered light to moderate in younger people.

Warning flags of abuse are less obvious in older adults than in younger ones. Many older adults are retired and drink at home by themselves. Also many of the diseases caused by substance misuse (high blood pressure, stroke, dementia, or ulcers) are common disorders in later life.

People in this category may be continuing a pattern of behavior that began earlier in life. Some point to life events as the cause for their use. However, early retirement, premature health problems, and other life stresses can also be caused by substance abuse, rather than be the cause of it.

Smoking makes matters worse in the older adult and increases the risk of lung diseases, especially cancer. Another danger is the interaction especially between alcohol and other drugs, including over-the-counter medications. Of the 100 most frequently prescribed drugs, over half interact with alcohol.

With drug abuse, many medications used by older adults can lead to tolerance and withdrawal syndromes. Medical problems from misuse can include mental changes, kidney disease, liver disease and injuries from falls.

Family members may unconsciously support, or excuse, the behavior of the addicted person. They are important factors in the recovery process.

Domestic Violence

Alcohol and other drug use and addiction do not cause men to perpetrate abuse in their intimate relationships, and substance abuse treatment alone is unlikely to stop the violence. Victims with drug-dependent partners consistently report that during their partner's recovery the abuse not only continues, but often escalates, creating greater levels of danger than existed prior.

Private, routine screening for domestic violence should be conducted with all female clients to determine if they are being abused by their intimate partner. When it is identified, treatment planning needs to include safety-related issues and the development of short and long-term safety plans. Arrangements should be made to meet with a local domestic violence service provider, if the victim wishes to.

Sometimes, the legitimate survival and safety strategies employed by victims (such as resistance, non-compliance and dishonesty) may conflict with recovery strategies. Treatment providers should cultivate cooperative relationships with domestic violence service providers in the area.

In the event that an abuser and a victim of domestic violence seek treatment at the same program site, consideration needs to be given to transferring one or the other client to another program or site, in consultation with the victim.

It is a generally accepted course of action that referrals for marriage counseling, family counseling or couple counseling not be made until the violence has ceased and the victim can feel assured that this counseling would not bring about more violence.

Routine screening for domestic violence should be conducted with all clients to determine if they are perpetrating abuse in their intimate relationships. Treatment providers need to reinforce the abuser's sole responsibility for their behavior and work with the legal system if there is involvement there. Accurate information on domestic violence should be included in alcohol/drug education and prevention efforts.

Sources:

- American Medical Association, *Report of the Council on Scientific Affairs: Alcohol, Drugs and Family Violence*
- Minnesota Coalition for Battered Women, *Safety First: Battered Women Surviving Violence When Alcohol and Drugs are Involved.*
- The AGS Foundation for Health and Aging: *Aging in the Know*
- Ohio Valley Center for Brain Injury Prevention and Rehabilitation: *Substance Abuse and Brain Injuries*

Statute Changes Effective December 1, 2008

LB 463 was introduced on behalf of the Department of Health and Human Services (DHHS), Division of Public Health, and it will implement a recommendation from the Nebraska Credentialing Reform Study (which has become known as the NCR Project) that the Division examine the Uniform Licensure Law (renamed to Uniform Credentialing Act – UCA). The ultimate goal of this bill was to create uniformity in processes to (1) gain greater efficiency for both license holders and the Department (2) better educate the public about who has to hold a license in order to provide health and health-related services; what that license allows them to do or not do and (3) what the State can do when certain acts, omissions, or behaviors are committed.

The following applies specifically to alcohol and drug counselors and A-E applies to all professions regulated by the Department (including LADC's and PLADC's):

- PLADC will be issued for a 6-year period; the current requirement of renewal every two years for a maximum of 2 renewals will be removed effective 12/1/08.
- A. Sets out definitions for terms used throughout the UCA, and includes new definitions such as: Alcohol or Substance Abuse and Dependence.
- B. Sets out three eligibility requirements applicable to all applicants for all professions:
1. Changed the Age for receiving a credential from 'age of majority' to 'at least 19 years';
 2. Good character (previously was 'good moral character'); and
 3. Citizen of the U.S.; an alien lawfully admitted to the U.S. and eligible under federal law; a nonimmigrant whose visa is related to such employment in the U.S.
- C. Standardizes the renewal process to include that:
1. The Department must notify the licensee at least 30-days prior to the expiration of the license;
 2. Failure to renew prior to the expiration date or to inform Department that the credential is to be placed on inactive status will result in credential becoming expired. Expired credentials will no longer be revoked for failure to respond to the renewal notice. When the credential expires, the holder no longer has the right to represent himself or herself as a credentialed person and to practice the profession;
 3. The holder desiring to resume practice shall apply to the Department for reinstatement of the credential;
 4. Inactive status must be requested in writing and may be requested any time during the year;
 5. Credential may remain on inactive status for an indefinite period of time; and
 6. Inactive status permits the credential holder to represent him/herself as holding an inactive credential, and may not engage in practice (\$25 inactive fee is removed – there will be no charge for inactive status).
- D. Continuing Competency (Continuing Education/CE)
1. Standardizes for all professions that continuing competence requirements may be waived by the Department, upon the recommendation of the appropriate board, in whole or in part, when circumstances beyond the control of the credential holder prevented him/her from completing the requirements. Those circumstances include: service in the US armed forces and first credentialed within the previous 24 months; and
 2. Removes disabling illness or physical disability as an option for requesting a CE waiver.
- E. Denial of Initial, Refused Renewal, Discipline, Enforcement Discipline
1. Discipline grounds include the following additions:
 - a. Illness, deterioration, or disability that impairs the ability to practice the profession;
 - b. Failure to maintain the requirements necessary to obtain a credential;
 - c. Violation of an order issued by the Department;
 - d. Violation of an assurance of compliance entered into;
 - e. Failure to pay an administrative penalty; and
 - f. Unprofessional conduct.
 2. Unprofessional Conduct includes the following additions:
 - a. Disclosing confidential information;
 - b. Failure to comply with any federal, state, or municipal law, etc., pertaining to the applicable profession; and
 - c. Disruptive behavior.

You can view this statute in its entirety at: <http://www.dhhs.ne.gov/crl/statutes/statutes.htm>

Practice Regulations to Change in 2009

Given the statutory changes that will be effective December 1, 2008, (due to the passage of LB 463), the Board is again working on revisions to the regulations in order to comply with LB 463 (see page 3 for a summary of these changes). In the future, you will be able to view the proposed changes on the Department's web-site at <http://www.sos.ne.gov/rules-and-regs/regtrack/index.cgi>

Fees Required for Licensure/Renewal Changed (effective 8/30/08)

Title 172 NAC 2 – 2008 State of Nebraska Regulations Relating to Professional and Occupational Licensure Fees is the new fee chapter that relates to all professions and occupations; it can be viewed in its entirety on the Department's Web-site at <http://www.dhhs.ne.gov/crl/crlindex.htm> Pages 1 through 3 includes fee information generic to all professions regulated by the Department and the fee chart (starting on page 4) lists all professions and their respective fees (in alphabetical order by license category).

Type of Licensure	Initial Fee	Renewal Fee
Alcohol and Drug Counselor	\$175	\$175
Provisional Alcohol and Drug Counselor	\$275	N/A
		\$100 for exam

1. Proration of Credentialing Fees: When a credential will expire within 180 days after its initial issuance date and the initial credentialing fee is \$25 or more, the Department will collect \$25 or one-fourth of the initial credentialing fee, whichever is greater, for the initial credential. The credential will be valid until the next subsequent renewal date.

2. Inactive License Status Fee: Until December 1, 2008, it is \$25 to place a credential on inactive status. On or after December 1, 2008, there will be no fee (\$0) for inactive status.

3. Certification of License Fee: \$25. The certification includes information regarding:

- The basis on which a license was issued;
- The date of issuance;
- Whether disciplinary action has been taken against the license; and
- The current status of the license.

4. Verification of License Fee: \$5. The verification includes written confirmation as to whether a license was valid at the time the request was made.

5. Duplicate or Reissued License Fee: \$10.

6. Administrative Fee: \$25 will be retained by the Department for a denied license or a withdrawn application, except if the licensing fee is less than \$25, the fee will be forfeited.

7. Late Fees and Reinstatement Fees until December 1, 2008: The Department will collect:

- A \$25 late fee in addition to the renewal fee to renew a credential within 30 days after the credential's expiration date.
- A \$35 late fee in addition to the renewal fee to reinstate a credential not more than one year after the date of revocation for failure to meet the renewal requirements.
- A \$75 late fee in addition to the renewal fee to reinstate a credential more than one year after the date of revocation for failure to meet the renewal requirements.
- A \$75 fee to reinstate a credential following suspension, limitation, or revocation for disciplinary reasons.

8. Reinstatement Fee on or after December 1, 2008: The Department will collect a reinstatement fee of \$35 in addition to the renewal fee to reinstate an expired or inactive credential. There will be no late fees on or after December 1, 2008.

9. Licensee Assistance Program (LAP) Fee: A \$1 LAP fee per year is included in each initial credential and renewal fee listed.

Examination Changes

2009 Examination Dates

March 14
June 13
September 12
December 12

May of this year was the last administration of the Oral Examination. Effective in June, the written examination includes the competencies of the previous oral examination and the 12 Core Functions and 46 Global Criteria will remain as part of the testing process. The revised examination has 150 multiple choice questions including 13 case scenario questions with 12 of them flowing from the 12 core functions and 1 on ethics.

We would also like to take this opportunity to publically thank all those who participated as oral examiners in the past and who dedicated many hours of their personal time to assuring applicants met specific competencies.

PLADC Supervisor Registration

Just a reminder, there are still several provisional licensees who have not registered their clinical supervisor. Work experience where a qualified supervisor **has not** been registered with the Department will not be accepted towards a license as an alcohol and drug counselor.

Supervisor Registration became effective December 12, 2007, in accordance with the revised Regulations Relating to the Licensure of Alcohol and Drug Counselors (172 NAC 15). The new regulations contain the requirement that Provisional Licensed Alcohol and Drug Counselors (PLADC) must register their clinical supervisor with the Department within 15 days of beginning employment. Additionally, if a PLADC has a change in supervisor, they must register a change of supervisor within 15 days following the change, and if a supervisor or provisional licensee terminates supervision, s/he must notify the Department in writing immediately of the date of termination.

Number of Licenses

of Licenses Issued

Profession Type	2005	2006	2007	2008 *as of 9-1
Alcohol and Drug Counselor	40	36	28	34
Provisional Licensed	83	68	105	42

As of 9-1-08:

433 individuals hold an active LADC
259 individuals hold an active PLADC

Processing Complaints



Enforcement of regulations governing the practice of alcohol and drug counseling starts when a complaint is filed against the license of an alcohol and drug counselor (or against an individual practicing alcohol and drug counseling without a license). The complaints are typically filed by clients, but are also submitted by clinicians reporting the unprofessional conduct of colleagues, and alcohol and drug counselor's fulfilling mandatory self-reporting requirements (e.g., adverse action pertaining to professional liability coverage).

A Board can designate one of its professional members to serve as a consultant to the Department in reviewing complaints and on issues of professional practice that arise during the course of an investigation. The consultation is not required for the Department to evaluate a complaint or to proceed with an investigation. By Department policy, complaints are processed as follows:

1. **Complaint or Report Received:** Complaint or report concerning a Credentialed Person is received and logged.
2. **Copy to Attorney General's Office:** A copy of each Complaint or Report is made and sent to the Attorney General's Office.
3. **Reviewed by Department:** All complaints and reports are reviewed by Division of Investigations staff in consultation with Legal Services to determine whether the Department has jurisdiction, whether the complaint if true would constitute a violation of credentialing laws and regulations and whether the complaint/report duplicates a complaint already under investigation. Based on this review the Department may: Open as a Priority Investigation, Open as a regular investigation (which can include those involving clear violations of regulations dealing with serious

health or safety concerns, those dealing with complaints that involve matters of widespread public interest, those dealing with complaints that implicate controversial public policy decisions, and complaints concerning an individual already under investigation), gather more evidence and analyze, or determine no investigation is warranted.

4. **Priority Investigations: Contact Attorney General's Office:** The Department designates priority investigations in the following situations: Complaints involving imminent danger from continued practice of a licensee, so that consideration of a temporary suspension is warranted, and complaints involving imminent danger from the continued actions of a non-licensee so that an injunction, including a temporary restraining order, is being considered. Immediately upon the designation of "priority" the Department will notify the appropriate Assistant Attorney General and will provide a copy of the complaint and other pertinent information.
5. **Evidence Collection and Analysis:** In this stage the Complainant may be contacted to clarify the complaint and in most cases the subject of the complaint is contacted to attain their side of the story accompanied by a request for pertinent documents. Exceptions could include:
 - a. Management reasonably believes the investigation would be compromised
 - b. Evidence may be destroyed or records may be manipulated
 - c. A covert investigation is required
 - d. Dual investigation with other agency
6. **Reviewed by Board Consultant:** Complaints alleging scope of practice issues will be referred to the appropriate Board Consultant for determination of scope of practice and standard of care issues.
7. **Investigations Opened:** Case file is opened and an investigator assigned.
8. **Investigations Report to Board and Attorney General's Office:** Prior to the meeting of the Board, the investigation report is sent.
9. **Completed Investigation Presented to Board:** In closed session the Board meets to review the investigation report and make a recommendation concerning the complaint.
10. **Investigation and Board Recommendation to Attorney General's Office:** The Investigation Report with attachments and the Board Recommendation are provided to the Attorney General's Office. It is ultimately the Attorney General's decision whether or not a petition for disciplinary action is filed against the licensee or certificate holder. If a petition for disciplinary action is filed by the Attorney General's Office with the Division of Public Health, the allegations may proceed to a hearing before a designated hearing officer or an agreed settlement may be negotiated with the Attorney General's Office.
11. **No Investigation:** The Department has determined that conducting an investigation is not appropriate.
12. **Attorney General and Appropriate Board Informed:** When a complaint or report is not opened for investigation, the Department will identify the complaint or report on a quarterly report to the Board summarizing the nature of the complaint, the date received and closed and the reason for not investigating.

Visit the following DHHS website <http://www.dhhs.ne.gov/reg/investi.htm> and click on "Health Care Professions and Occupations" to learn more about what needs to be reported, overview of the complaints process, and to obtain reporting forms.

Disciplinary and Non-Disciplinary Action



CEASE AND DESIST ORDERS: If the subject of a complaint is not licensed in Nebraska, the Department may, along with the Attorney General and other law enforcement agencies, investigate the reports of unauthorized practice. The board may issue an order to cease and desist the unauthorized practice of such profession. Practice of such profession without a credential after receiving a cease and desist order is a Class III felony.

NON-DISCIPLINARY ACTION: If the subject of the complaint is licensed, non-disciplinary action may be taken in the form of an Assurance of Compliance. An **assurance of compliance** includes a statement of the statute, rule or regulation in question along with a description of the conduct that would violate such statute, rule or regulation. Also included is the assurance of the licensee that he/she will not engage in such conduct, as well as acknowledgment by the

licensee that violation of the assurance constitutes unprofessional conduct. The licensee agrees not to engage in such conduct. Such assurance is signed by the licensee and becomes part of the licensee's public record.

DISCIPLINARY ACTION: A petition must be filed when a disciplinary action is taken. Disciplinary actions may include censure, probation, limitation of the license, a civil penalty (not to exceed \$20,000), suspension (loss of license for a specified period of time), revocation (loss of license for at least two years), and voluntary surrender (agreement to turn in license in lieu of revocation).

Probation terms and conditions may include payment of a fine, continuing education coursework, ethics courses, body fluid screens, AA/NA meetings, supervision, no solo practice, practice monitor, notification of change in employment, obey all state and federal laws, etc.

Following is a summary of disciplinary and non-disciplinary actions taken during 2006, 2007, and to 9-1-2008:

DISCIPLINARY ACTIONS	Alcohol and Drug Counselor			Provisional Alcohol and Drug Counselor		
	2006	2007	2008	2006	2007	2008
Initial licenses placed on probation:	0	1	0	5	12	5
Disciplinary probations:	1	0	0	0	0	
Censures:	1	0	0	0	0	
Probation violations:	2	0	0	0	0	
Civil penalties (fine)	2	0	0	0	0	1 (also censure)
Licenses suspended	1	0	0	0	0	
Licenses revoked:	2	2	0	1	0	
Voluntarily surrendered licenses:	0	0	0	0	1	
NON-DISCIPLINARY ACTIONS						
Assurance of compliance:	3	1	0	3	0	0

The Board encourages licensees to continue to practice ethically and follow the rules and regulations adopted for alcohol and drug counselors.

Conviction Reporting

Initial License Applicants: If you have ever had a misdemeanor or felony conviction, or have been disciplined by another state board, you are required to report this information on your application for licensure. Failure to report or disclose convictions is grounds for denial or discipline. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest you contact the court where the action was taken to assure you are reporting all convictions.

In addition to reporting the conviction or disciplinary action, you are also required to submit the following:

1. A list of any misdemeanor or felony convictions;
2. A copy of the court record, which includes charges and disposition;
3. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
4. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
5. A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
6. If your license in health care in another state has been revoked, suspended, limited or disciplined in any way, an official copy of the disciplinary action, including charges and disposition.

We commonly find that applicants fail to submit convictions that may have occurred while the person was a minor. While this may have been several years ago or longer, by law you are still required to disclose this information on your initial application for licensure.

Licensee: Once you obtain your license, if you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you are required to report such actions to this Department **within 30 days** of the conviction or license discipline. Along with the report, you are also required to submit items 1-6 listed above. Failure to do so is grounds for discipline.

Mandatory Reporting



Every credentialed person who has first-hand knowledge of unlicensed, illegal or unethical activities is required to report (includes self-reporting) within 30 days of the occurrence. **Failure to report** may result in discipline. You may view additional information relating to mandatory reporting at the following web sites:

- Reporting Forms - <http://www.dhhs.ne.gov/reg/INVEST-P.HTM#Forms>
- Mandatory Reporting Regulations 172 NAC 5 - <http://www.dhhs.ne.gov/crl/reportregs.pdf>

The following chart is a quick reference to mandatory reporting:

172 NAC 5 – Summary of Mandatory Reporting Requirements	
WHAT TO REPORT	WHO IS TO REPORT
1. Practice without License.	All Professionals
2. Gross Incompetence. 3. Pattern of Negligent Conduct. 4. Unprofessional Conduct. 5. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability. 6. Violations of Other Regulatory Provisions of the Profession.	All Professionals Report Others of the SAME Profession*
7. Gross Incompetence. 8. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability.	All Professionals Report Others of a DIFFERENT Profession*
9. Loss of or Voluntary Limitation of Privileges 10. Resignation from Staff 11. Loss of Employment, 12. Licensure Denial 13. Loss of Membership in Professional Organization 14. Adverse Action pertaining to Professional Liability Coverage. 15. Licensure Discipline/Settlement/Voluntary Surrender/Limitation in any State or Jurisdiction. 16. Conviction of Felony or Misdemeanor in this or any other State or Jurisdiction.	***Due to Alleged Incompetence, Negligence, Unethical or Unprofessional Conduct, or Physical, Mental, or Chemical Impairment. All Professionals—Self-Reporting
17. Payment made due to Adverse Judgment, Settlement, or Award. 18. Adverse Action affecting Privileges or Membership.***See above	Health Facilities, Peer Review Organizations, and Professional Associations
19. Violation of Regulatory Provisions Governing a given Profession.** 20. Payments made due to Adverse Judgment, Settlement, or Award. 21. Adverse Action affecting Coverage.	Insurers
22. Convictions of Felony or Misdemeanor involving Use, Sale, Distribution, Administration, or Dispensing Controlled Substances, Alcohol or Chemical Impairment, or Substance Abuse. 23. Judgments from Claims of Professional Liability.	Clerk of County or District Court

Exceptions to Mandatory Reporting include:

* 1) If you are a spouse of the practitioner, 2) If you are providing treatment which means information is protected by a practitioner-patient relationship (unless a danger to the public), 3) When a chemically impaired professional enters the Licensee Assistance Program, 4) When serving as a committee member or witness for a peer review activity.

** Unless knowledge is based on confidential medical records.

Licensee Assistance Program

The Licensee Assistance Program (LAP) is an assessment, education, referral, case management, and monitoring service designed to help licensees of the State of Nebraska work through substance abuse/addiction problems.

The LAP services are free. However, in some cases treatment from a community resource agency may be needed. If further assistance is needed, the LAP Coordinator will help refer the Licensee to the most appropriate agency. When a treatment referral is made, those expenses become the responsibility of the Licensee.

This program was established by Neb. Rev. Stat. 71-172.02 (1991) and is funded by the addition of \$1.00 per year to the current fee for each license issued, renewed, or reinstated.

Nebraska Licensee Assistance Program Center Pointe Professional Plaza 9239 West Center Road Omaha, NE 68124	(402) 354-8055 (800) 851-2336 www.lapne.org
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Administrative Penalty Fee



What is an administrative penalty fee? An administrative penalty fee is assessed to individuals who practice prior to issuance of a license, after expiration (renewal date) of a license, or prior to reinstatement of a license. We encourage licensees to submit their renewal documentation and renewal fee at least 15 days prior to the expiration date in the event that your renewal information is not complete or is questioned, then there is still ample time to make the corrections prior to the expiration date.

The Administrative Penalty Fee is calculated at \$10 per day, up to \$1,000.00, for each day of practice without a license. The total fees collected during 2006 were \$160.00 and in 2007/2008 were \$0.

Where does the money go that is collected? The money is transmitted to the State Treasurer for credit to the permanent school fund. (Neb. Rev. Stat. §71-164.01 (4))

What happens if I do not pay the administrative penalty? An unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien foreclosure or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator resides or owns property.

What if I disagree with the assessment of the fee? If you can provide evidence that the number of days you indicated as practicing or operating was calculated wrong, then you can submit such evidence for consideration of a reduced fee. If you are contesting the assessment of the administrative penalty in total, you must request a hearing, which will be held before the Department (similar to a court hearing) pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920 and 184 NAC 1, Rules of Practice and Procedure before the Department.

Who Are the Board Members and What Does the Board Do?

The Nebraska Board of Alcohol and Drug Counseling is comprised of 9 members; members serve five-year terms and can only serve two 5-year consecutive terms. The current Board members for 2008 are listed below.

Board Member	Board Position	Term Begins	Term Ends
Fernando Barranco, LADC Lexington	Alcohol and Drug Counselor Member	05/15/2006	04/01/2009
Jerome R. Barry, MS, LMHP, LADC Lincoln	Alcohol and Drug Counselor Member Chairperson	09/20/2004	04/01/2011
Susan J. Boust, MD Omaha	Psychiatrist, Psychologist, or Mental Health Practitioner Member	09/20/2004	04/01/2013
Jason C. Conrad, LADC Lincoln	Alcohol and Drug Counselor Member	09/20/2004	04/01/2010
Chrisella C. Lewis Hastings	Public Member	09/20/2004	04/01/2009
William O. Mulligan Valentine	Public Member	09/20/2004	04/01/2010
Alfredo Ramirez, LCSW, LADC Norfolk	Alcohol and Drug Counselor Member	09/20/2004	04/01/2012
Kathryn E. Schinker, MS, LMHP, LADC Omaha	Alcohol and Drug Counselor Member Secretary	09/20/2004	04/01/2012
Marlene A. Schneider, BS, CRPS, LADC Omaha	Alcohol and Drug Counselor Member Vice-Chair	09/20/2004	04/01/2013

Fernando Barranco, Lexington: Fernando was born in Guatemala, immigrated to the USA in 1986 and obtained his alcohol counseling certification in 1992 in Oregon. He moved to Lexington, Nebraska, in 1996 and became a LADC in Nebraska in June of 2000. He worked for Region II Human Services from 1996 to 2005. Currently he is in private practice (On Solid Ground).

Jerome Barry, Lincoln: Jerome is currently the Director of the Independence Center at BryanLGH Medical Center in Lincoln, Nebraska. Jerome is in his 28th year in the field of substance abuse treatment. He is the Chair of the Licensing Board for Alcohol and Drug Counseling, the Co-Chair of Nebraska's Justice Behavioral Health Committee and a member of the State Alcoholism and Drug Abuse Advisory Committee. He is also an oral evaluator and trainer for the oral examination process. Jerome received his bachelor's degree from Northwestern College in Orange City, Iowa, in Psychology & Sociology in 1980. He received his master's degree from UNO in Omaha, Nebraska in Agency Counseling in 1983. He is a Licensed Mental Health Practitioner and Licensed Alcohol & Drug Counselor. He loves to train counselors who are interested in pursuing a career in the substance abuse field. Jerome is married with 4 children ages 22, 20, and two 18. Jerome's employment history includes: NOVA Therapeutic Community (1980-1988); Immanuel Medical Center (1988-1994); VA Medical Center (1994-1996); Saint Francis Medical Center (1996-1999); BryanLGH Medical Center (1999-present)

Susan Boust, M.D., Omaha: Dr. Boust is an Associate Professor and Vice-Chair for External Affairs at the University Of Nebraska Medical Center Department of Psychiatry and the psychiatrist for the Assertive Community Treatment team (ACT team). Dr. Boust has worked in the Department of Psychiatry since 1989, and her career has focused on the community care of persons with severe and persistent mental illness. For three years she was the clinical leader for behavioral health for the state of Nebraska. She has also been the Division Director for the UNMC Department of Psychiatry Public and Community Division, Chair of the Nebraska Medical Association Mental Health Task Force and the state legislative representative for the Nebraska Psychiatric Society. She has been a consultant to the state of Florida as they developed ACT services statewide. In 1999 she was named the Nebraska Psychiatrist of the Year by the National Alliance for the Mentally Ill.

Jason C. Conrad, LADC, Lincoln: Jason (Jay) Conrad is Executive Director of Houses of Hope of Nebraska, Inc., and has been in the chemical dependency field for 26 years. Jay is the current President of the Association of Halfway House Alcoholism Professionals of North America, a Board member of the national State Associations of Addiction Services, past president of the Nebraska Association of Behavioral Health Organizations, Board member of Community Services Fund, an Oral Evaluator for the LADC (IC&RC) oral evaluation process, a past advisory member of the Prarielands Addiction Technology Transfer Center, member of the Lancaster County Treatment Team, and a member of the Licensing Board for Alcohol and Drug Counseling. Jay is a Licensed Alcohol and Drug Counselor. He was first certified in 1983. He was involved in the initial training for the IC&RC oral evaluation process, was a gubernatorial appointment to the Nebraska Alcoholism and Drug Abuse Advisory Committee (1999-2005) and was a member of the Nebraska Legislature, Health and Human Services Division of Public Health's Technical (Directed) Review Committee.

Chrisella Lewis, Hastings: Chrisella is currently serving as the Adams County Clerk and was recently re-elected to another four year term. Her career in county government began in October 1985 when she was appointed as the first election commissioner for Adams County and was appointed as county clerk in May 1997. She has actively served on numerous committees at the state level for the Secretary of State's office regarding the State's election laws and procedures. She and her husband raised three sons on a farm in rural Holstein, NE. She also owned and operated her own upholstery business in Holstein prior to taking her position with Adams County. Her immediate family now consists of three sons and daughter-in-laws and 9 grandchildren, four granddaughters and five grandsons.

William O. Mulligan, Valentine: William Mulligan is a Nebraska Certified General Real Estate Appraiser in Cherry County and has appraisal experience in most central, north central and western Nebraska counties in residential, rural residential, farm, ranch and recreational property appraisal. He is also currently licensed in Property & Casualty, Life, Health and Crop Insurance in the State of Nebraska. His public service began when he was appointed to the Nebraska Political Accountability and Disclosure Commission by the Secretary of State in 1979. Since then he has also served on the Department of Health Certificate of Need-Appeals Panel and the Board of Examiners in Athletic Training (Public Member). He is currently serving his 15th year as a board member of the Middle Niobrara Natural Resources District and concurrently served 11 consecutive years (as the Middle Niobrara-NRD representative) on the Niobrara Council which is charged with administering the congressionally designated "Niobrara National Scenic River". William received his BS degree from Kearney State College in 1970 with majors in both Business Administration and Economics. He is a veteran of the Viet Nam Era and holds an FAA private pilot's license. He credits the Nebraska 4-H Program for creating his keen interest in public service at the local, regional and state level.

Alfredo Ramirez, Norfolk: Mr. Ramirez has over thirty years' experience in the field of human services. He currently is in private practice and is the Executive Director of Odyssey III Counseling Services, P.C. in Norfolk, Nebraska. Clinical work is in the area of the individual, couple, group and family. He specializes in addiction evaluations and treatment, childhood trauma including sexual abuse and treatment of Depression and Anxiety disorders. Further work is on phobias, grief counseling, anger control and Post-traumatic Stress disorders. Clinical concentration is also on Personality disorders, custody evaluations and Obsessive-Compulsive Disorders. Work with children and adolescents is in the area of Attention Deficit and Conduct Disorders. Mr. Ramirez has conducted local, state and national workshops on family dysfunction, addictions, child and adolescent problems and disorders as well as working with families with emotionally disturbed children. He also presents conferences on the treatment of chemical dependency issues and on domestic violence and men who batter. Mr. Ramirez has been a child and family advocate for most of his career and currently serves as a Board Member of TeamMates of Nebraska-Norfolk, a school based-mentoring program. Collaboration with various agencies and providers has been a priority for Mr. Ramirez in his work of providing clients with comprehensive treatment services, resources and support services. As a Social Worker, he has found networking with the helping professionals and agencies the most beneficial to clients in order to provide wrap-around services.

Kathy Schinker, Omaha: Ms. Schinker has a BS in Human Development and the Family and an MS in Counseling and Guidance from UN-O. She retired after 31 years with Catholic Charities and currently has a part-time private practice with Centerpoint Counseling Services in Omaha. She is the mother of three and grandmother of four.

Marlene A. Schneider, BS, CRPS, LADC, Omaha: Marlene Schneider holds a Bachelor of Science in Addictions Counseling; in addition to her BS degree she holds credentials as a Licensed Alcohol and Drug Counselor, Certified Employee Assistance Professional, and an Advanced Certification in Relapse Prevention Therapy. Ms. Schneider has 27 years experience working in the field of chemical dependency and is the Vice Chair of the Alcohol and Drug Counseling Board of Nebraska, as well as serving as a consultant for and member of the Executive Committee, and past president of the Heartland Chapter of the Employee Assistance Professional Association. Ms Schneider is also actively involved in a part-time practice with Randall and Associates.

Board Meeting Dates

Meetings of the Nebraska Board of Alcohol and Drug Counseling convene at 9:00 a.m. on the second Thursday each quarter. Meetings are open to the public, however, the Board usually immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. Following closed session, the Board will return to open session.



Agendas for the meetings are posted on our Web site at <http://www.dhhs.ne.gov/crl/brdmtgs.htm> and the meeting dates are noted below:

Board Meeting Dates
January 8
April 9
July 9
October 8

All meetings are held at the State Office Building,
301 Centennial Mall South (14th and M), Lincoln, Nebraska

Each member of the Board brings something positive to contribute in terms of diversity of perspective and opinion. Professional members of the Board bring their education, experience and understanding of what constitutes appropriate preparation and continuing professional conduct for licensure.

Public members, also known as consumer members, contribute their experience as service recipients as well as the public's expectation for health professionals. Public members provide another perspective to the technical and professional expertise of the other members.

The Board is charged with:

- providing for the health, safety, and welfare of the citizens;
- insuring that licensees or certificate holders meet minimum standards of proficiency and competency; and
- regulating the profession in the interest of consumer protection.

Board members must be familiar with Nebraska's Uniform Licensing Law, the statutes and regulations governing Alcohol and Drug Counseling, and statutes related to open meetings and public records. These laws and regulations form the basis for all their actions and responsibilities as a board member.

Licensure: To insure that individuals who want to practice are proficient and competent, the boards are involved in the process to evaluate applicants who have not previously been licensed in Nebraska. This evaluation may include: 1) reviewing and making recommendations on initial applications; 2) setting standards related to education and experience; 3) making recommendations during the pre-licensure process, such as advising the Department on an applicant who has been convicted of a crime if that crime bears a rational relationship to practice; and 4) looking at other states' disciplinary actions against the applicant.

Examination: The board is charged with approving, overseeing and monitoring the quality of the examination offered to potential applicants.

Reciprocity: The board determines (through rules and regulations) circumstances under which reciprocal licenses may be granted.

Continuing Competency: Even after an individual has been licensed, the Board and Department have the responsibility to protect the health, safety and welfare of the citizens. This is done in the following ways:

- Setting continuing education standards for renewal; and
- Recommending approval/denial of a reinstatement application.

If you are interested in becoming a Board member, visit our web site at:
<http://www.dhhs.ne.gov/crl/crlindex.htm>

Department Contacts

For questions not answered on our Web site or if you do not have access:

Mailing Address:

Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

Physical Address:


Nebraska State Office Building
301 Centennial Mall South (14th and M Street)
3rd Floor
Lincoln, NE 68509-4986



Office Hours/Phone:

Monday - Friday
8:00-5:00 Central Time
Phone: (402) 471-2117
Fax: (402) 471-3577

Licensure and Renewal Information Debi Lamprecht, Health Licensing Specialist (402) 471-4970 debra.lamprecht@nebraska.gov	Licensure Issues Kris Chiles, Office Administrator (402) 471-2117 kris.chiles@nebraska.gov
Licensure Issues Nancy Herdman, Program Specialist (402) 471-0556 nancy.herdman@nebraska.gov	Complaint Filing Investigations Division (402) 471-0175 http://www.dhhs.ne.gov/reg/investi.htm



It is the responsibility of the licensee to notify the Department of any name and/or address changes prior to the renewal period. **Address changes** may be made in writing or over the telephone. **Name changes** require submission of a photocopy of the documentation of the legal name change.

Web Site



The Nebraska Department of Health and Human Services Web site offers the "License Information System", a database of information on all professionals whose licenses are regulated by the DHHS Division of Public Health. Consumers, professionals, and any interested persons can find licensing and application information and forms. Information on licensees also is available, including licensee name, address, license number, date of issuance and expiration, license status and any disciplinary action that has been taken against the license. Licensees can also change their address information on-line. The information in this database is updated nightly to reflect changes.

DHHS also offers a "Professions and Occupations Index" Web site. This site has information about the Licensing Boards, Board meetings and listing of Board members for each of the regulated professions and occupations. A click on a particular profession listed leads to another Web page, which has information on applications, the application process, licensing requirements, license renewal procedures and other information about that regulated profession. The Internet links to each of the Web sites mentioned above are listed below.

- License Information System: <http://www.dhhs.ne.gov/lis/lisindex.htm>
- Professions and Occupations Index: <http://www.dhhs.ne.gov/crl/profindex1.htm>

Duplicate licenses: You may obtain a duplicate copy of your license for \$10 (see web site); or you may also download an official verification of your license (free) at: <http://www.dhhs.ne.gov/lis/lisindex.htm>

We hope you enjoyed the Board's first newsletter, and we welcome comments relating to future articles that you would like the Board to address.

The Nebraska Department of Health and Human Services is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.